



ANNUAL POST DATA REPORT

"NEW POST ONLY"

MEMBERSHIP YEAR

AMERICAN LEGION POST NO. _____ DISTRICT _____ CHARTER DATE _____

{Example: IN - 0510}

{Example: 7/01/2021}

POST LEGAL NAME (AS SHOWN ON POST CHARTER)

POST LOCATION (AS SHOWN ON POST CHARTER)

{Example Name: The Historic Fort Benjamin Harrison}

{Example Location: Indianapolis, Indiana}

PLEASE TYPE OR PRINT LEGIBLY

CURRENT INFORMATION:

CHANGES OR CORRECTIONS ONLY:

1) **POST'S HOME (PHYSICAL) ADDRESS:**

(EXISTING POSTS ONLY)

NOTE: Only enter if Post owns or leases this facility.

2) **POST'S MAILING ADDRESS:**

3) **POST'S DUES MAILING ADDRESS:**

NOTE: IF THE MAILING ADDRESS CONTAINS A MEMBER'S NAME OR BEING SENT TO A MEMBER'S HOME ADDRESS, PLEASE PROVIDE THE MEMBER'S ID#.

(MEMBER ID#)

4) **POST'S CURRENT ANNUAL DUES:**

DUES: \$ _____ . _____

NOTE: ALL DUES RATES WILL BE EFFECTIVE JULY 1ST UNLESS AN ALTERNATE EFFECTIVE DATE IS ENTERED.

EFFECTIVE DATE: _____ / _____ / _____
MONTH DAY YEAR

5) **POST'S TELEPHONE NUMBER:**

_____ - _____ - _____

6) **POST'S FAX NUMBER:**

_____ - _____ - _____

NOTE: DO NOT use personal phone numbers of members.

7) **POST'S EMAIL ADDRESS:**

8) **POST'S INTERNET WEBSITE:**

9) **POST'S MEETING DATE & TIME:**

NOTE: ANSWER YES OR NO TO THE BELOW QUESTIONS (IF APPLICABLE)

10) _____ Post sponsors an ALR Chapter 11) _____ Smoking permitted _____ No Smoking

12) _____ Facilities are available to rent for special events 13) _____ Post has a Club Room (food/drink)

POST ADJUTANT OR POST COMMANDER SIGNATURE

DATE

THIS FORM SHOULD BE SUBMITTED WITH A NEW POST CHARTER APPLICATION ONLY